Instructions for completing Crisis Spread Sheet:
Version 1.7 for EXCEL 1997-2003 and 2007-2010

Column A: Type of Encounter

Data Accepted:
- Initial
- Follow up

Description: An Initial Encounter is a first contact with a client for a new Crisis. All Initial Encounters will have a corresponding Crisis Resolution (Mutually Exclusive and Exhaustive) selection. Follow-up encounters are follow-up contact(s) with a crisis client after there has been a Crisis Resolution to the Initial Encounter. Follow-up encounters will not have a Crisis Resolution (Mutually Exclusive and Exhaustive) selection

Example:
- A crisis worker first meets with a client who is in crisis and is placed into substance abuse treatment facility (Initial). Then the crisis councilor meets with the client at the treatment facility to see how the treatment is progressing (Follow-up).

Quality Data Check: *Required*. Required means no missing entries. Check for missing entries and spelling errors simply alphabetizing the spreadsheet by this column and doing a simple visual check of the column. Null values will come to the top. Misspellings will usually be at the beginning of the column or at the end.

Note: This field is required.

Column B: Agency Name

Data Accepted:
- Only the agency names from the drop-down menu and spelled exactly like they are in the drop-down menu will be accepted.

Example:
- See drop-down menu in spread sheet.

Quality Data Check: *Required*. Required means no missing entries. Check for missing entries and spelling errors simply alphabetizing the spreadsheet by this column and doing a simple visual check of the column. Null values will come to the top. Misspellings will usually be at the beginning of the column or at the end.

Note: This field is required.

Column C: Report Year

Data Accepted:
- Only Report Years from the drop-down menu and spelled exactly like they are in the drop-down menu.

Example:
- See drop-down menu in spread sheet.

Quality Data Check: *Required.* Required means no missing entries. Check for missing entries and spelling errors simply alphabetizing the spreadsheet by this column and doing a simple visual check of the column. Null values will come to the top. Misspellings will usually be at the beginning of the column or at the end.

Note: This field is required.

Column D: Report Month

Data Accepted:
- Only Report Months from the drop-down menu and spelled exactly like they are in the drop-down menu.

Example:
- See drop-down menu in spread sheet.

Quality Data Check: *Required.* Required means no missing entries. Check for missing entries and spelling errors simply alphabetizing the spreadsheet by this column and doing a simple visual check of the column. Null values will come to the top. Misspellings will usually be at the beginning of the column or at the end.

Note: This field is required.

Column E: First Name

Data Accepted:
- For **MaineCare** and **Medicare** clients their complete first name.
- For **Uninsured** and **Private Insurance** clients **ONLY**. Enter either the first letter of their first name or their full first name.

Example:
- Uninsured client named Bill OnTheHill. Either use **B** for first name or **Bill** for first name.

Example:
- Medicaid client named Bill OnTheHill. Enter **Bill** for the first name.

Quality Data Check: *Required.* Required means no missing entries. Check for missing entries and spelling errors simply alphabetizing the spreadsheet by this column and doing a simple visual check of the column. Null values will come to the top. Misspellings will usually be at the beginning of the column or at the end.

Note: This field is required.

Column F: Last Name

Data Accepted:
- **MaineCare** and **Medicare** clients - their complete last name.
- **Uninsured** and **Private Insurance** clients **ONLY**. Enter either the **first letter** of their **last name** or their **full name**.

Example:
- **Uninsured** client named Bill OnTheHill. Either use **O** for last name or **OnTheHill** for last name.

Example:
- **MaineCare** client named Bill **OnTheHill**. Enter **OnTheHill** for the last name.

Quality Data Check: *Required***.** Required means no missing entries. Check for missing entries and spelling errors simply alphabetizing the spreadsheet by this column and doing a simple visual check of the column. Null values will come to the top. Misspellings will usually be at the beginning of the column or at the end.

Note: This field is required.

Column G: Town Zip

Data Accepted:
- Only Towns and Zips from the drop-down menu and spelled exactly like they are in the drop-down menu.

Example:
- See drop-down menu in spread sheet.

Quality Data Check: *Required***.** Required means no missing entries. Check for missing entries and spelling errors simply alphabetizing the spreadsheet by this column and doing a simple visual check of the column. Null values will come to the top. Misspellings will usually be at the beginning of the column or at the end.

Note: If there is no town list where the client was seen pick the closest town on the list.

Note: This field is required.

Column H: Medicaid Id

Data Accepted:
- **MaineCare** or **Medicaid** number which is the same.

Quality Data Check: *Required for MaineCare clients*. Check for missing entries and spelling errors simply alphabetizing the spreadsheet by this column, and doing a simple visual check of the column. Null values will come to the top. Misspellings will usually be at the beginning of the column or at the end.

Note: If you have a client that you are billing MaineCare or Medicaid for crisis services you must enter this number. If MaineCare is selected as **Payment Source** there must be a MaineCare number or how else would you get paid?

Note: This field is required.

Column I: Payment Source

Data Accepted:
- MaineCare
- Private Insurance
- Uninsured
- Medicare

Quality Data Check: *Required.* Required means no missing entries. Check for missing entries and spelling errors simply alphabetizing the spreadsheet by this column and doing a simple visual check of the column. Null values will come to the top. Misspellings will usually be at the beginning of the column or at the end.

Note: This field is required.

Column J: SSN

Description: Enter the client's social security if known; if not leave blank. Do not use letters like NA or '?'.

Quality Data Check: There must be a Social Security number for every Medicare Payment source. All Medicare numbers have a corresponding Social Security Numbers. You must have a Social Security number to bill Medicare.

Column K: DOB

Data Accepted:
- Date of Birth as a date.

Quality Data Check: *Required.* Required means no missing entries. Check for missing entries and spelling errors simply alphabetizing the spreadsheet by this column and doing a simple visual check of the column. Null values will come to the top. Misspellings will usually be at the beginning of the column or at the end.

Note: This field is **required.** One missing DOB means the sheet is rejected because many counts of clients depend on the DOB.

Column L: Gender

Data Accepted:
- Male
- Female

Quality Data Check: *Required***.** Required means no missing entries. Check for missing entries and spelling errors simply alphabetizing the spreadsheet by this column and doing a simple visual check of the column. Null values will come to the top. Misspellings will usually be at the beginning of the column or at the end.

Note: One missing gender means the sheet is rejected because many counts of clients depend on the gender.

Note: This field is required.

Column M: Date Of Encounter

Data Accepted:
- Date of encounter as a date.

Quality Data Check: *Required*. Required means no missing entries. Check for missing entries and spelling errors simply alphabetizing the spreadsheet by this column and doing a simple visual check of the column. Null values will come to the top. Misspellings will usually be at the beginning of the column or at the end.

Note: This field is required.

Column N: Site Of Face To Face Encounter

Data Accepted:
- Primary Residence (Home)
- Family/Relative/Other Residence
- Other Community Setting (Work, School, Police Dept, Public Place)
- SNF, Nursing Home, Boarding Home
- Residential Program (Congregate Community Residence, Apartment Program)
- Homeless Shelter
- Provider Office
- Crisis Office
- Emergency Department
- Other Hospital Location
- Incarcerated (Local Jail, State Prison, Juvenile Correction Center)

Quality Data Check: *Required***.** Required means no missing entries. Check for missing entries and spelling errors simply alphabetizing the spreadsheet by this column and doing a simple visual check of the column. Null values will come to the top. Misspellings will usually be at the beginning of the column or at the end.

Note: Counts of the data in this field are used in the summary report. One missing from this column means the sheet is rejected because many counts of clients depend on this item.

Note: This field is required.

<u>**Column O:**</u>   <u>**Crisis Assessment Criteria**</u>

Description: What did the crisis client present as the reason for the crisis?

Data Accepted:
–   Depression
–   Anxiety
–   Behavioral Issues - youth
–   Suicidal Ideation or Act
–   Psychosis
–   Homicidal Ideation or Act
–   Self-Injury/Assaultive Behavior
–   Substance Abuse
–   Medical Attention needed
–   Mental Health Symptom Decompensating
–   Grief and Loss
–   Domestic Abuse
–   Deliberate Self harm
–   Acute Stress
–   No medical Based Change in Mental Status
–   Sexual Assault

Quality Data Check: *Required.* Required means no missing entries. Check for missing entries and spelling errors simply alphabetizing the spreadsheet by this column and doing a simple visual check of the column. Null values will come to the top. Misspellings will usually be at the beginning of the column or at the end.

Note: Counts of the data in this field are used in the summary report. One entry missing from this column means the sheet is rejected because many counts of clients depend on this item.

Note: This field is required.

<u>**Column P:**</u>   <u>**If this client is under 18 do they have a MENTAL RETARDATION/**</u>
            <u>**AUTISM/PERVASIVE/Developmental DISORDER.**</u>

Data Accepted:
–   Yes
–   No
–   NA

Description: If the client is an adult, select NA.

Quality Data Check: *Required.* Required means no missing entries. Check for missing entries and spelling errors simply alphabetizing the spreadsheet by this column and doing a simple visual check of the column. Null values will come to the top. Misspellings will usually be at the beginning of the column or at the end.

Note: Counts of the data in this field are used in the summary report. One entry missing from this column means the sheet is rejected because many counts of clients depend on this item.

Note: This field is required.

Column Q: Is this Crisis Encounter the result of an on going support for a previous crisis resolution/stabilization.

Data Accepted:
- Yes
- No

Quality Data Check: *Required.* Required means no missing entries. Check for missing entries and spelling errors simply alphabetizing the spreadsheet by this column and doing a simple visual check of the column. Null values will come to the top. Misspellings will usually be at the beginning of the column or at the end.

Note: Counts of the data in this field are used in the summary report. One entry missing from this column means the sheet is rejected because many counts of clients depend on this item.

Note: This field is required.

Column R: Does this client have a wellness plan, crisis plan, ISP or advanced directive plan previously developed that was used for this encounter.

Data Accepted:
- Yes
- No

Quality Data Check: *Required.* Required means no missing entries. Check for missing entries and spelling errors simply alphabetizing the spreadsheet by this column and doing a simple visual check of the column. Null values will come to the top. Misspellings will usually be at the beginning of the column or at the end.

Note: Counts of the data in this field are used in the summary report. One entry missing from this column means the sheet is rejected because many counts of clients depend on this item.

Note: This field is required.

Column S: Does this client have a Community Support Worker (CI, CRS, ICM, ACT, TCM)

Data Accepted:
- Yes
- No

Quality Data Check: *Required.* Required means no missing entries. Check for missing entries and spelling errors simply alphabetizing the spreadsheet by this column and doing a simple visual check of the column. Null values will come to the top. Misspellings will usually be at the beginning of the column or at the end.

Note: Counts of the data in this field are used in the summary report.

Note: This field is required.

Column T: If the client had a Community Support Worker, was that worker notified of the crisis.

Data Accepted:
- Yes
- No
- NA

Description: If the client didn't have a Community Support worker, select NA.

Quality Data Check: *Required***.** Required means no missing entries. Check for missing entries and spelling errors simply alphabetizing the spreadsheet by this column and doing a simple visual check of the column. Null values will come to the top. Misspellings will usually be at the beginning of the column or at the end.

Note: Counts of the data in this field are used in the summary report. One entry missing from this column means the sheet is rejected because many counts of clients depend on this item.

Note: This field is required.

Column U: Time in MINUTES between determination of need for initial face to face contact or when client was ready and able to be seen, to initial face to face contact

Description: *Required for Initial Face To Face Encounters only*. Enter time in Minutes as a whole number. Round down minutes. **If a Follow Up encounter leave blank.**

Data accepted:
- Minutes as a whole number.

Examples:
- 31
- 60
- 241

Quality Data Check: *Required***.** Required means no missing entries. Check for missing entries and spelling errors simply alphabetizing the spreadsheet by this column and doing a simple visual check of the column. Null values will come to the top. Misspellings will usually be at the beginning of the column or at the end.

Note: Sums of the data in this field are used in the summary report.

Note: This field is required.

Column V: Time in HOURS from initial Face to Face Encounter to Disposition of Crisis.

Description: Initial Face To Face Encounters Only. Required for Initial Encounters. Enter time in Hours as a whole number. Round down hours except for initial encounters less than 1 hour then enter 1 hour. **If a Follow Up encounter leave blank.**

Data accepted:
- Hours as a whole number.

Examples:
- 1
- 4
- 123

Quality Data Check: Check for missing entries and spelling errors simply alphabetizing the spreadsheet by this column and doing a simple visual check of the column. Null values will come to the top. Misspellings will usually be at the beginning of the column or at the end. There must be an entry of **at least** 1 hour for every initial encounter. Please check this because your sheet will be rejected if not.

Note: Sums of the data in this field are used in the summary report.

Column W: Time in HOURS for Non Initial Face to Face Encounter

Description: Follow Up Face To Face Encounters **Only**. Enter Time in Hours as a whole number. If the encounter was less than an hour, enter 1 hour. Round down hours otherwise. If an Initial encounter leave blank.

Data accepted: Hours as a whole number.

Examples:
- 1
- 4
- 123

Quality Data Check: Check for missing entries and spelling errors simply alphabetizing the spreadsheet by this column and doing a simple visual check of the column. Null values will come to the top. Make sure there is **at least 1 hour** for each **Follow Up** encounter.

Note: Sums of the data in this field are used in the summary report.

Column X: If this client is under 18 are they in State Custody?

Description: If the client is an Adult select NA.

Data Accepted:
- Yes
- No
- NA.

Description: If the client didn't have a Community Support worker, select NA.

Quality Data Check: *Required.* Required means no missing entries. Check for missing entries and spelling errors simply alphabetizing the spreadsheet by this column and doing a simple visual check of the column. Null values will come to the top. Misspellings will usually be at the beginning of the column or at the end.

Note: Counts of the data in this field are used in the summary report.

Note: This field is required.

Column Y: Crisis Resolution (Mutually Exclusive and Exhaustive)

Description: For initial encounters only. Use your clinical experience and select a Crisis Resolution that is the closest to one of these choices**. Select** for **Initial Encounters** only. Leave **blank** if a **Follow Up** encounter.

Data Accepted:
- Crisis Stabilization with no referrals for mental health/substance abuse follow-up.
- Crisis Stabilization with referral to new provider for Mental Health/Substance Abuse follow-up.
- Crisis Stabilization with referral back to current provider for Mental Health/Substance Abuse follow-up.
- Admission to Crisis Stabilization unit.
- Inpatient Hospitalization - Medical.
- Voluntary Psychiatric Hospitalization.
- Involuntary Psychiatric Hospitalization.
- Admission to Detox Unit.

Quality Data Check: Check for missing entries and spelling errors simply alphabetizing the spreadsheet by this column and doing a simple visual check of the column. Null values will come to the top. Misspellings will usually be at the beginning of the column or at the end.

Note: Counts of the data in this field are used in the summary report. One entry missing from this column means the sheet is rejected because many counts of clients depend on this item.

Column Z: Critical Incident Report Submitted?

Data Accepted:
- Yes
- No

Quality Data Check: *Required.* Required means no missing entries. Check for missing entries and spelling errors simply alphabetizing the spreadsheet by this column and doing a simple visual check of the column. Null values will come to the top. Misspellings will usually be at the beginning of the column or at the end.

Note: Counts of the data in this field are used in the summary report.

Note: This field is required.